



United States Bankruptcy Court EASTERN District of NEW YORK		INVOLUNTARY PETITION			
IN RE (Name of Debtor - If Individual: Last, First, Middle) Peninsula Hospital Center		ALL OTHER NAMES used by debtor in the last 8 years (Include married, maiden, and trade names)			
LAST FOUR DIGITS OF SOC. SEC. NO. or other TAX ID NO. (If more than one, state all) 7195					
STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code) 51-15 Beach Channel Drive Far Rockaway, NY					
COUNTY OF RESIDENCE OR PRINCIPAL PLACE OF BUSINESS Queens		MAILING ADDRESS OF DEBTOR (If different from street address)			
ZIP CODE 11691		ZIP CODE			
LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)					
CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED <input type="checkbox"/> Chapter 7 <input checked="" type="checkbox"/> Chapter 11					
INFORMATION REGARDING DEBTOR (Check if applicable boxes)					
Petitioners believe: <input type="checkbox"/> Debts are primarily consumer debts <input checked="" type="checkbox"/> Debts are primarily business debts		<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> TYPE OF DEBTOR <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other: </td> <td style="width: 50%; vertical-align: top;"> Nature of Business: (Check all applicable boxes) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. §101(51B) <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Railroad <input type="checkbox"/> Other <input type="checkbox"/> Stockbroker </td> </tr> </table>		TYPE OF DEBTOR <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Other:	Nature of Business: (Check all applicable boxes) <input checked="" type="checkbox"/> Health Care Business <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. §101(51B) <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Railroad <input type="checkbox"/> Other <input type="checkbox"/> Stockbroker
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VENUE <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District <input type="checkbox"/> A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District		FILING FEE (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Petitioner is a child support creditor or its representative, and the form specified in § 304 (g) of the Bankruptcy Reform Act of 1994 is attached <i>[If a child support creditor or its representative is a petitioner and if the petitioner files the form specified in § 304 (g) of the Bankruptcy Reform Act of 1994 no fee is required.]</i>			
PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER OR AFFILIATE OF THIS DEBTOR (Reports information for any additional cases on attached sheets)					
Name of Debtor		Case Number			
Relationship		Date			
District		Judge			
ALLEGATIONS (Check applicable boxes)		COURT USE ONLY			
1. <input type="checkbox"/> Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. §303(b)					
2. <input type="checkbox"/> The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code					
3 a. <input checked="" type="checkbox"/> The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount;					
or b. <input type="checkbox"/> Within 120 days preceding the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.					



Form B5, P 2 (12/07)

Blumberg Excelsior Inc. Publisher NYC 10013

Name of Debtor Peninsula Hospital Center

Case No.

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X /s/ Wayne S. Dodakian D.O.
Signature of Petitioner or Representative (State title)

Wayne S. Dodakian, D.O.

Name of Petitioner

Date Signed 8/16/11

Name & Mailing Wayne S. Dodakian, D.O.
Address of Individual 77 Oakland Avenue
Signing in Representative New Britain, CT 06053
Capacity

X Macron & Cowhey P.C. 8/16/11
Signature of Attorney Date

Name of Attorney Firm (If any)

Macron & Cowhey, P.C.

Address

160 Broadway, 4th Floor
New York, NY 10038
Telephone No 212-346-9060

X /s/ Vinod Sinha
Signature of Petitioner or Representative (State title)

Total MedBiz

Name of Petitioner

Date Signed 8/16/11

Name & Mailing Vinod Sinha
Address of Individual 49 Piermont Avenue
Signing in Representative Hewlett, NY 11557
Capacity

X Macron & Cowhey P.C. 8/16/11
Signature of Attorney Date

Name of Attorney Firm (If any)

Macron & Cowhey, P.C.

Address

160 Broadway, 4th Floor
New York, NY 10038
Telephone No 212-346-9060

X /s/ Shannon Gerardi
Signature of Petitioner or Representative (State title)

Advanced Seamless Gutters

Name of Petitioner

Date Signed 8/16/11

Name & Mailing Shannon Gerardi
Address of Individual 32-30 Fulton Avenue
Signing in Representative Oceanside, NY 11572
Capacity

X Macron & Cowhey P.C. 8/16/11
Signature of Attorney Date

Name of Attorney Firm (If any)

Macron & Cowhey, P.C.

Address

160 Broadway, 4th Floor
New York, NY 10038
Telephone No 212-346-9060

PETITIONING CREDITORS

Name and Address of Petitioner	Nature of Claim	Amount of Claim
Wayne S. Dodakian, D.O. 77 Oakland Avenue New Britain, CT 06053	Goods bought for Debtor	495.00
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Total MedBiz 160 Broadway, 4th Floor New York, NY 10038	Goods sold and delivered	78,709.49
Name and Address of Petitioner	Nature of Claim	Amount of Claim
Advanced Seamless Gutters 160 Broadway, 4th Floor New York, NY 10038	Goods sold and delivered	48,000.00
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims \$127,204.49